



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

July 21, 2017

Public Health Preparedness and Situational Awareness Report: #2017:28 Reporting for the week ending 07/15/17 (MMWR Week #28)

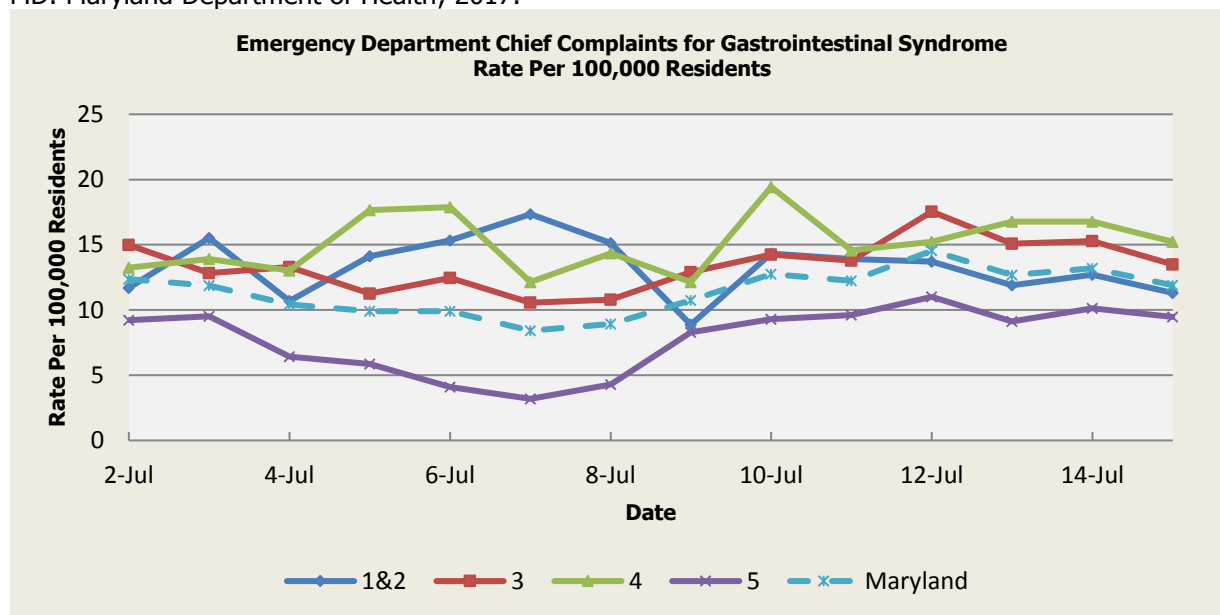
CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

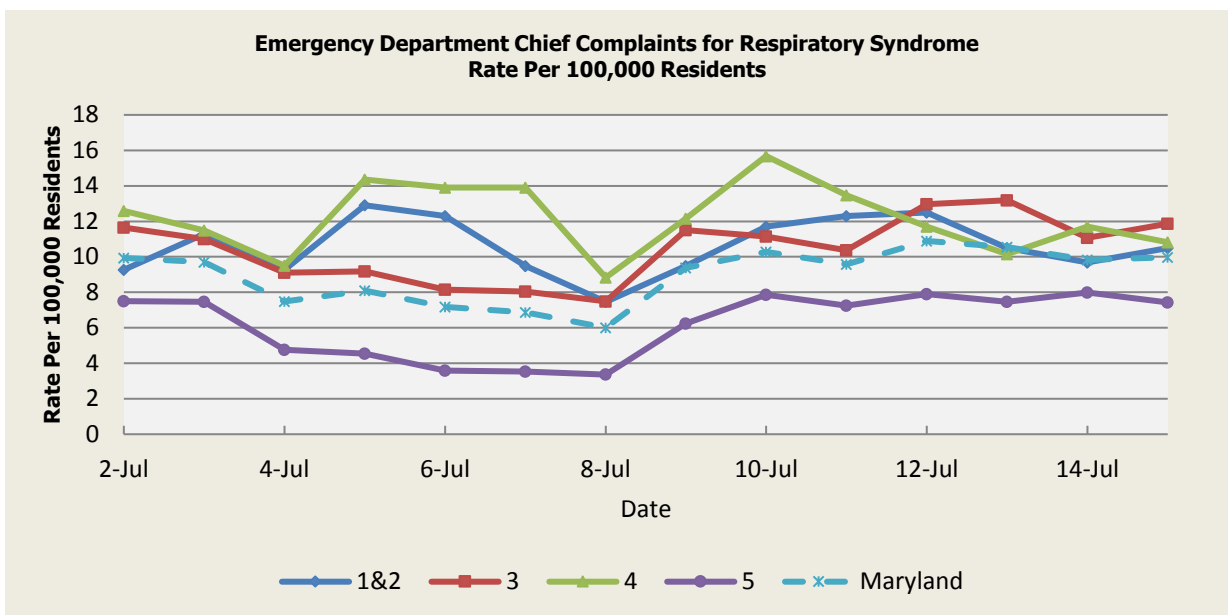
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2017.



There were four (4) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis associated with a Restaurant (Region 3), one (1) outbreak of Gastroenteritis associated with a Grocery Store (Region 3), one (1) outbreak of Gastroenteritis associated with an Event Venue (Region 3), and one (1) outbreak of Gastroenteritis associated with a Food Truck Event (Region 5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.55	14.69	15.00	10.01	12.74
Median Rate*	12.91	14.80	15.02	10.22	12.95

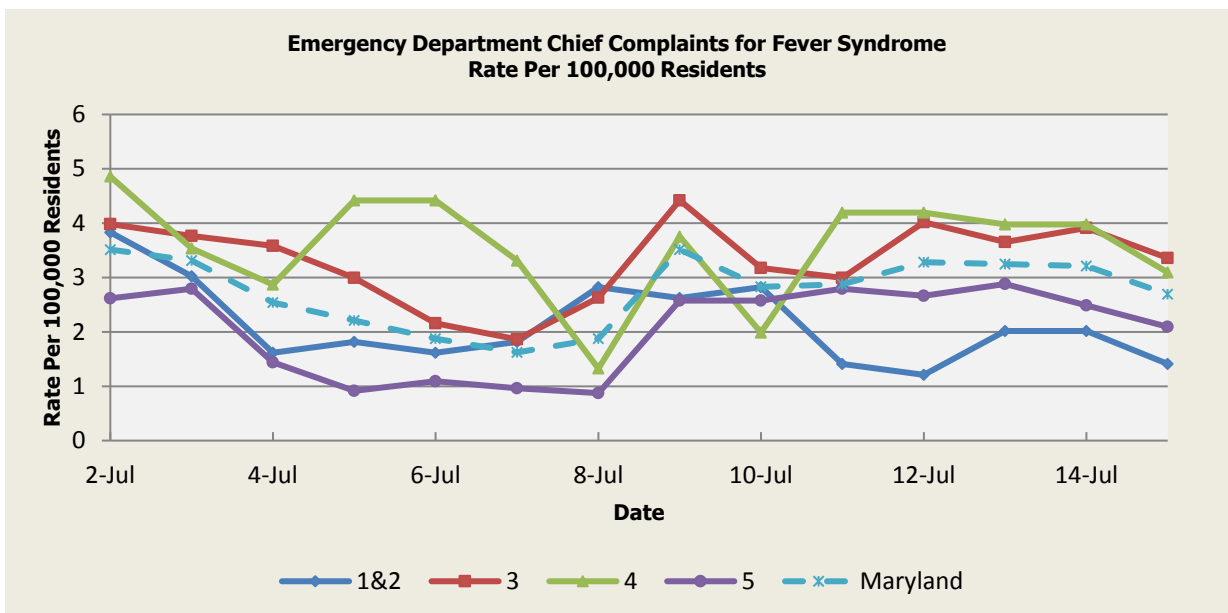
* Per 100,000 Residents



There was one Respiratory Syndrome outbreak reported this week: one (1) outbreak of ILI in a Nursing Home (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.71	14.05	13.95	9.68	12.18
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

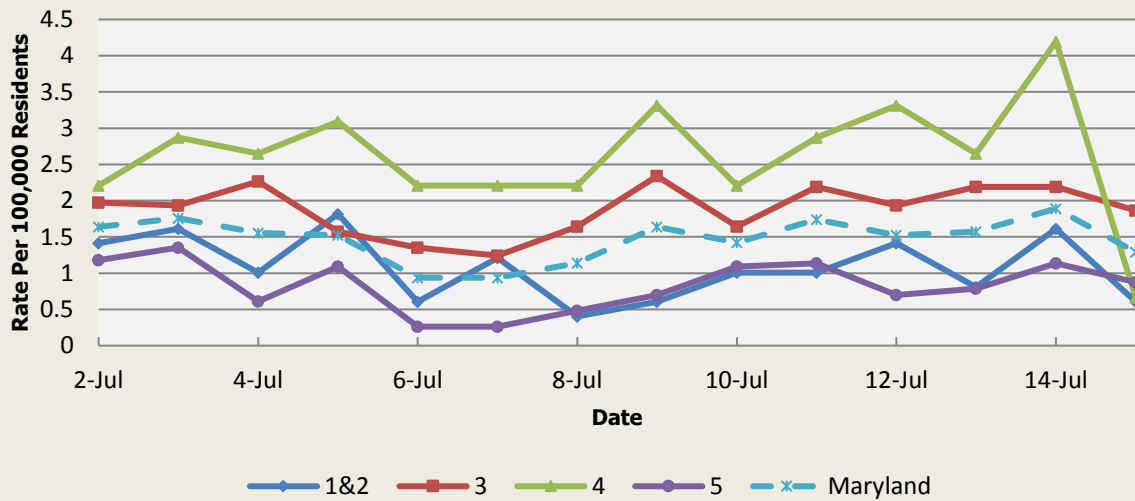


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.94	3.76	3.87	3.00	3.41
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



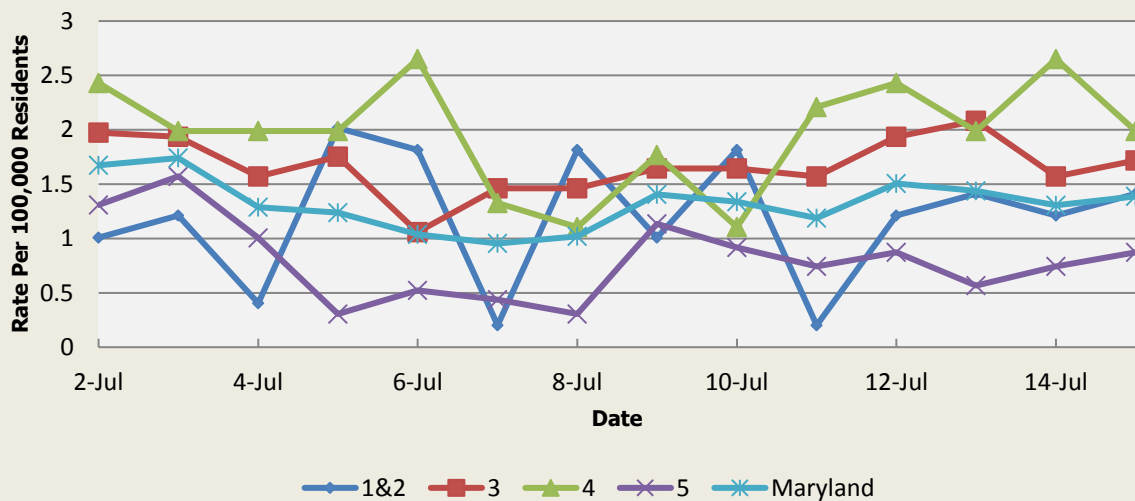
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.02	1.84	1.97	0.93	1.43
Median Rate*	1.01	1.83	1.99	0.92	1.42

* Per 100,000 Residents

Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

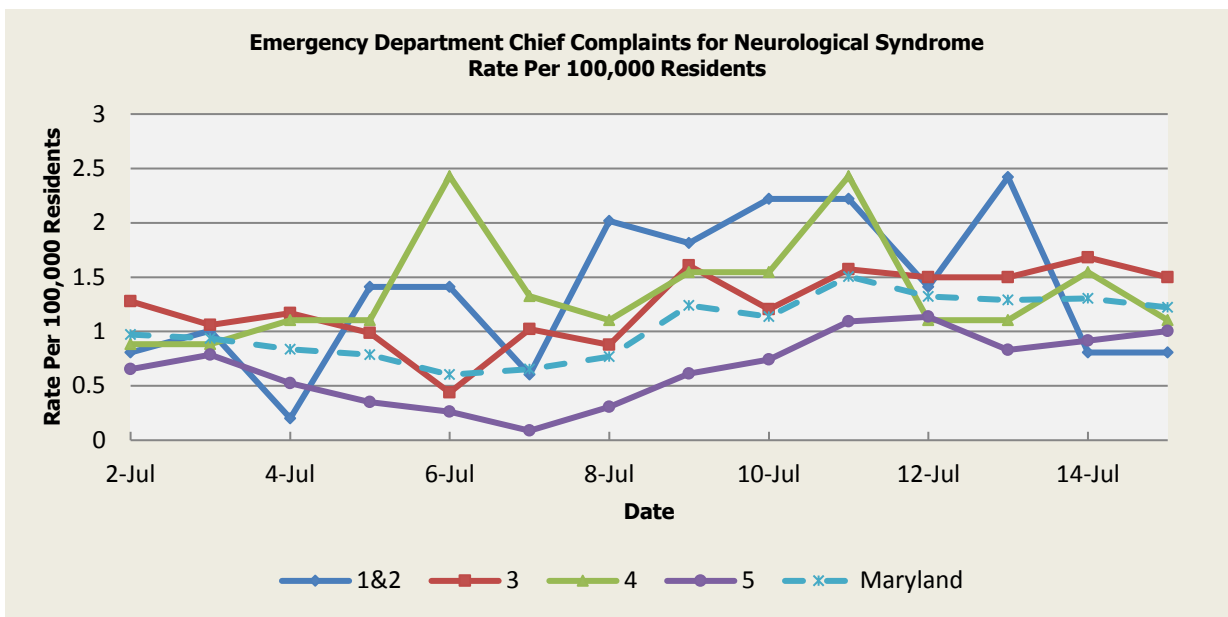


There were two (2) Rash Syndrome outbreaks reported this week. two (2) outbreaks of Hand, Foot, and Mouth Disease associated with Daycare Centers (Region 3).

Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.70	1.72	1.00	1.39
Median Rate*	1.21	1.68	1.77	1.00	1.39

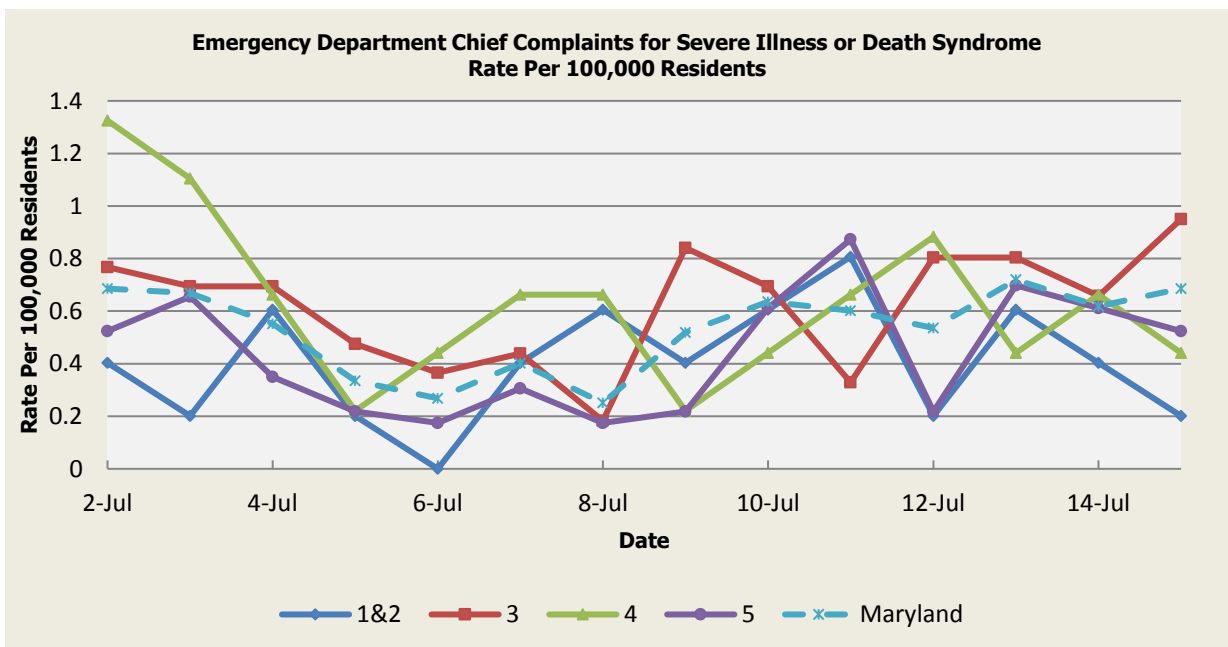
* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.77	0.67	0.49	0.65
Median Rate*	0.60	0.69	0.66	0.48	0.59

* Per 100,000 Residents

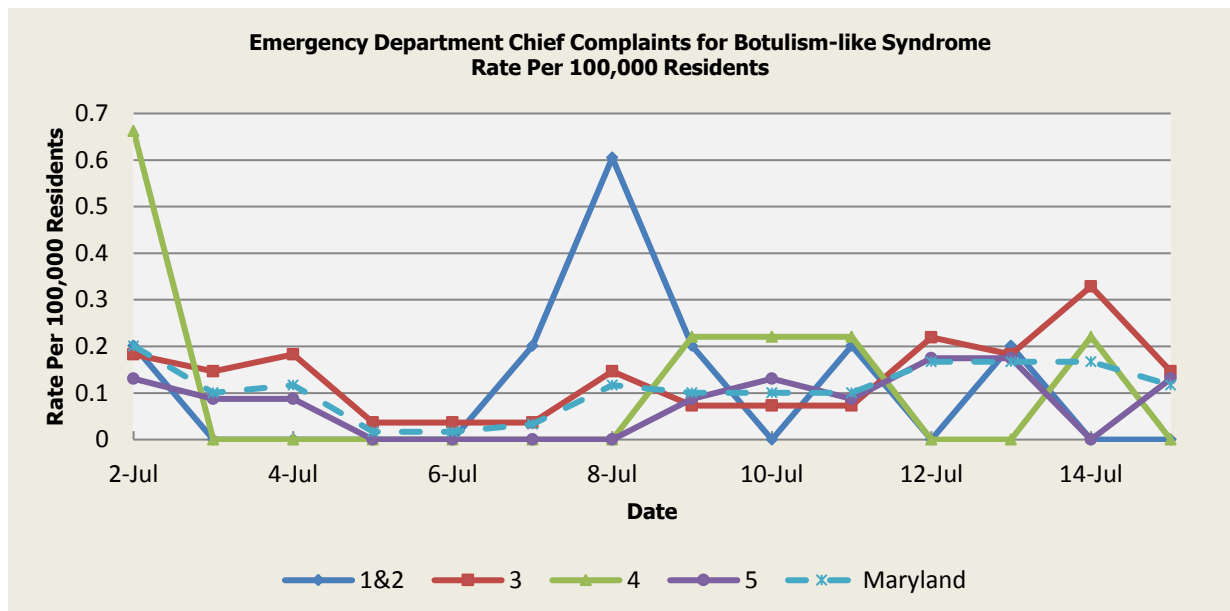


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.90	0.78	0.45	0.69
Median Rate*	0.60	0.91	0.66	0.44	0.70

* Per 100,000 Residents

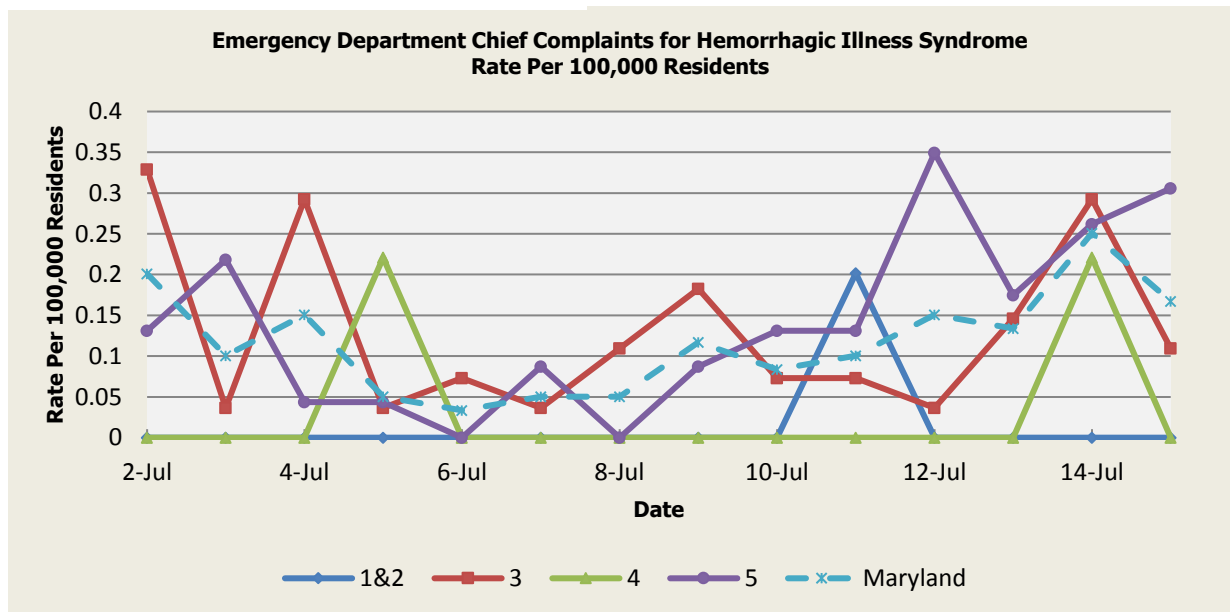
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 07/02 (Regions 1&2,3,4,5), 07/04 (Region 3), 07/07 (Regions 1&2), 07/08 (Regions 1&2), 07/09 (Regions 1&2,4), 07/10 (Regions 4,5), 07/11 (Regions 1&2,4), 07/12 (Regions 3,5), 07/13 (Regions 1&2,3,5), 07/14 (Regions 3,4), 07/15 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

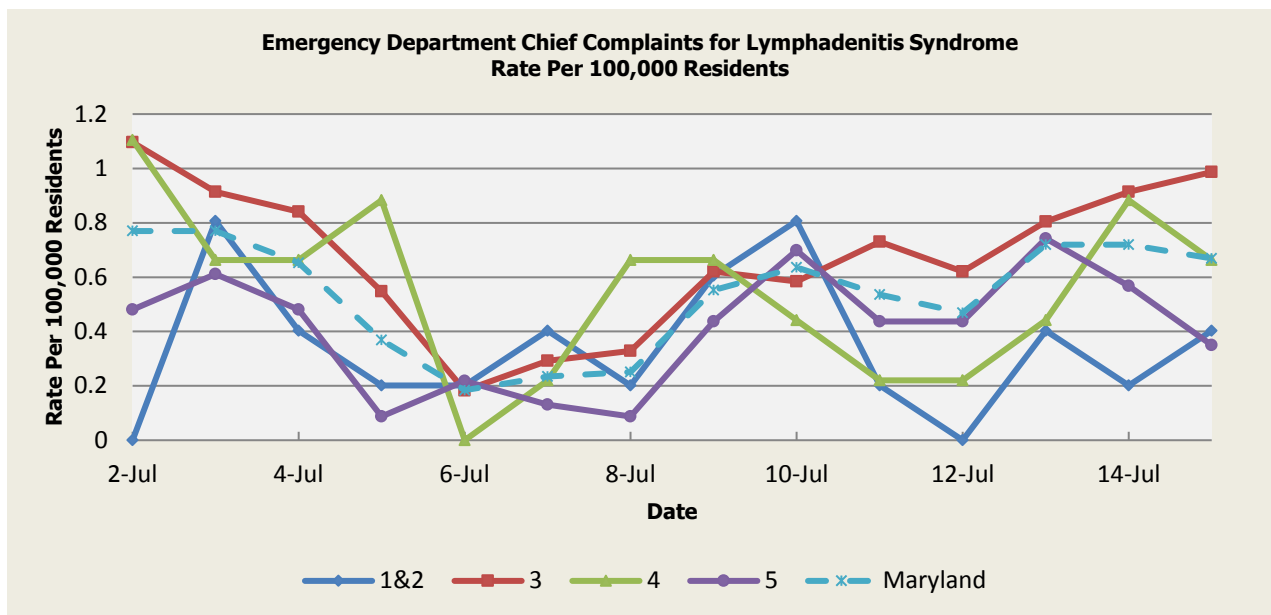
* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 07/02 (Regions 1&2), 07/03 (Region 5), 07/04 (Regions 1&2), 07/05 (Region 4), 07/11 (Regions 1&2), 07/12 (Region 5), 07/14 (Regions 3,5), 07/15 (Region 5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.13	0.03	0.09	0.10
Median Rate*	0.00	0.04	0.00	0.04	0.05

* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 07/02 (Regions 3,4), 07/03 (Regions 1&2), 07/05 (Region 4), 07/09 (Regions 1&2), 07/10 (Regions 1&2,5), 07/13 (Region 5), 07/14 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.30	0.51	0.34	0.31	0.40
Median Rate*	0.20	0.40	0.22	0.26	0.33

* Per 100,000 Residents

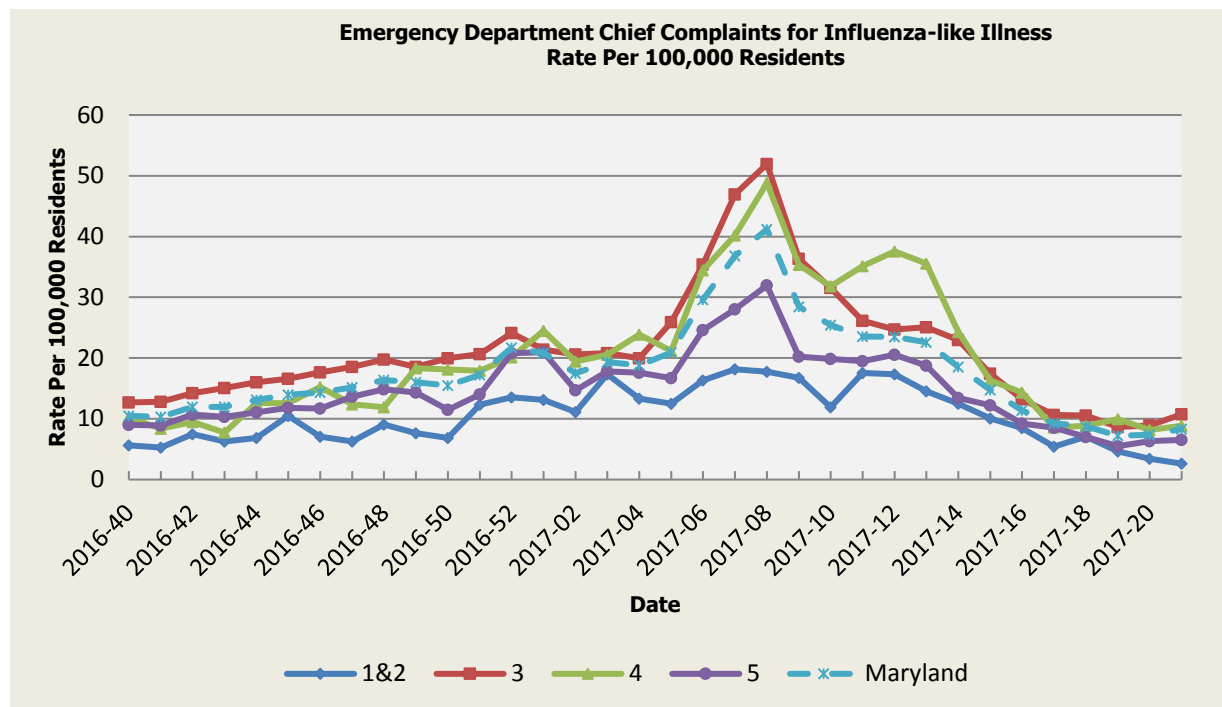
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	July			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Aseptic meningitis	15	26.6	23	157	214.8	201
Meningococcal disease	0	0.2	0	4	3.2	3
Measles	0	0	0	4	3.8	3
Mumps	1	0.4	0	21	33.6	11
Rubella	0	0	0	1	3.6	3
Pertussis	2	15	16	114	167.2	174
Foodborne Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Salmonellosis	39	63	61	370	437.8	424
Shigellosis	9	7.8	8	132	108	131
Campylobacteriosis	45	54.2	52	425	404.8	416
Shiga toxin-producing Escherichia coli (STEC)	12	9.2	8	87	75.8	74
Listeriosis	0	1.2	2	12	6.6	7
Arboviral Diseases	2017	Mean*	Median*	2017	Mean*	Median*
West Nile Fever	0	0.6	0	0	3.4	2
Lyme Disease	187	282	288	1754	1668	1600
Emerging Infectious Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Chikungunya	0	0.2	0	0	2.2	0
Dengue Fever	0	1.4	1	6	14.2	9
Zika Virus***	0	2	0	1	7.8	4
Other	2017	Mean*	Median*	2017	Mean*	Median*
Legionellosis	6	13.8	13	110	91.2	89

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2017. † Counts are subject to change *Timeframe of 2011-2017**Includes January through current month. *** As of July 21, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 40.

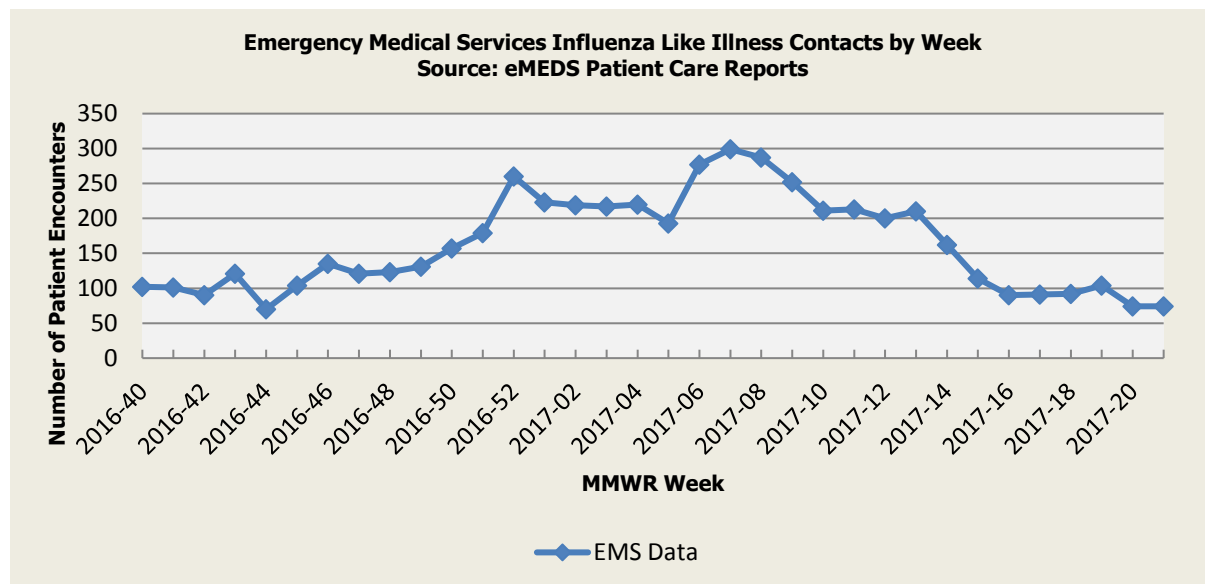
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



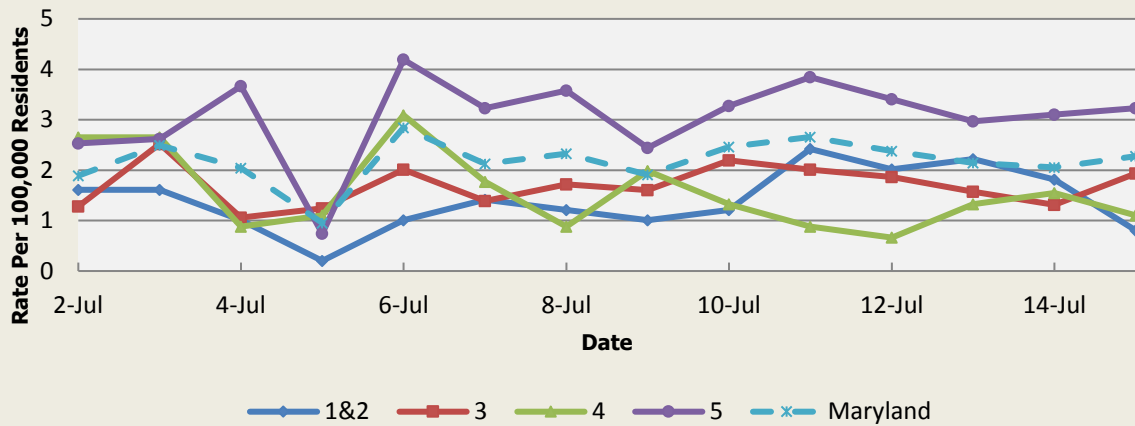
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	167.70	223.96	205.49	194.23	206.50
Median Rate*	7.66	9.63	9.05	8.51	9.00

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

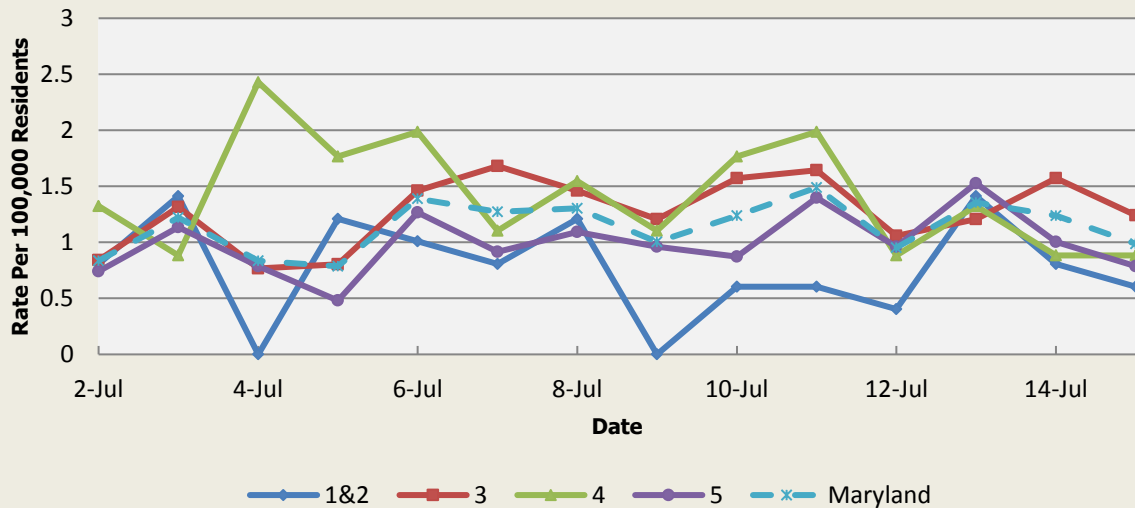


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.67	4.77	2.65	8.21	5.84
Median Rate*	3.23	4.38	2.43	8.03	5.52

* Per 100,000 Residents

Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



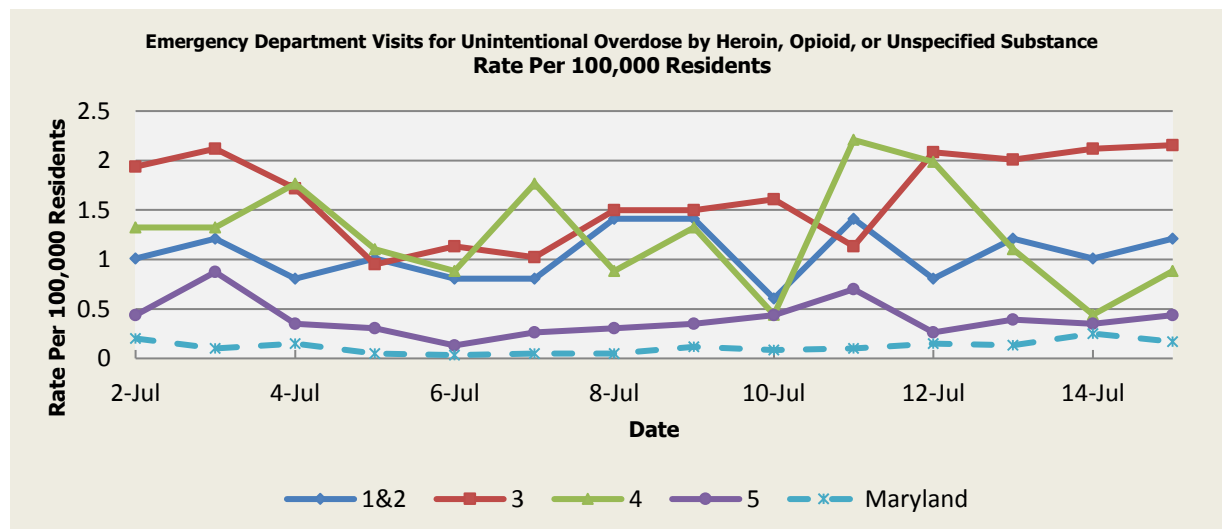
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.27	3.14	2.43	4.20	3.50
Median Rate*	3.02	3.03	2.43	4.06	3.36

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

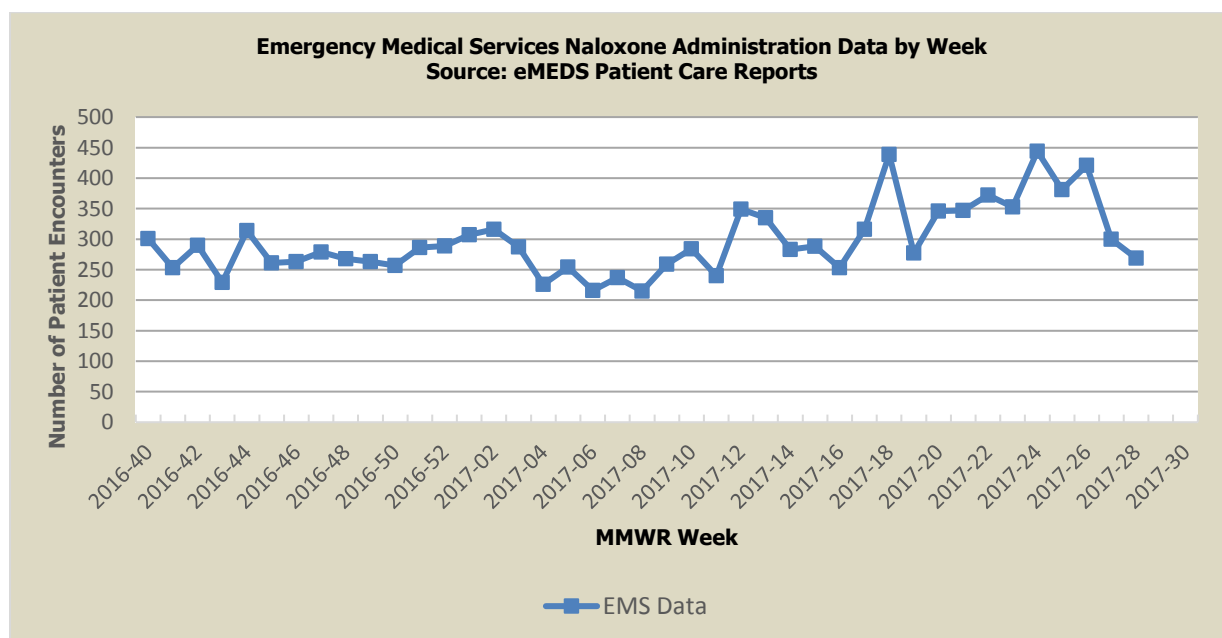
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



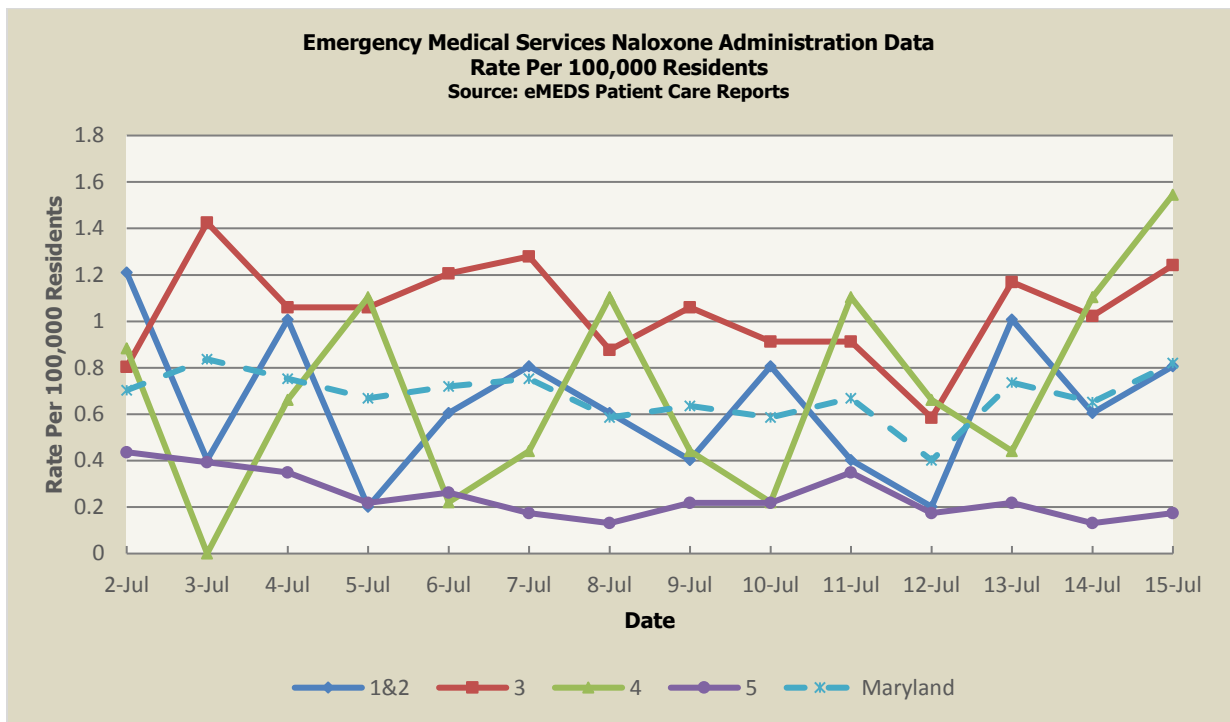
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.36	0.14	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.36	0.14	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 15, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 859, of which 453 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

H5N8 (SOUTH AFRICA) 16 July 2017, Another 2 areas have been quarantined following an outbreak of bird flu. The Agriculture Department said the outbreak occurred on commercial layer chicken farms in Gauteng and Mpumalanga. The 2 farms were placed under quarantine, which means no chickens and chicken products will be moved on and off the farms. The H5N8 virus does not affect humans; however, the health department has tested workers from the affected farms. This brings the number of locations affected by the virus to 4. Read More: <http://www.promedmail.org/post/5177588>

HUMAN AVIAN INFLUENZA

There were no reports of human cases of avian influenza in the United States or internationally at the time that this report as compiled.

NATIONAL DISEASE REPORTS

LA CROSSE ENCEPHALITIS (OHIO), 15 July 2017, The Zanesville-Muskingum County Health Department is reporting a confirmed case of La Crosse encephalitis in a 4-year-old child. According to WHIZ-TV, the health department began investigating after it learned of the case on Wed 12 Jul 2017. La Crosse encephalitis is rare and is caused by a virus spread by the bite of an infected mosquito. Health department officials went to the child's home and surrounding properties and removed some containers of standing water, WHIZ reports. Read More: <http://www.promedmail.org/post/5177421>

SALMONELLOSIS (MULTI-STATE), 17 July 2017, Since the last update on 1 Jun 2017, 418 more ill people have been reported. The most recent illness began on 20 Jun 2017. CDC, multiple states, and the US Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS) are investigating 10 separate multistate outbreaks of salmonellosis in people who had contact with live poultry in backyard flocks. Read More: <http://www.promedmail.org/post/5182934>

RABIES (TEXAS), 19 July 2017, A woman, KK, told the outlet that she was bitten in an apartment complex parking garage last Thursday night (13 July 2017) off Memorial Drive, near Houston's Buffalo Bayou Park. She said the bat bite felt like tiny needles. The bat was later trapped by firefighters at the scene and was tested for rabies. A day later she was contacted and told that the bat did in fact carry

the disease. Now KK is undergoing a series of rather expensive rabies treatments, which according to her have been in excess of USD 4000. Read More: <http://www.promedmail.org/post/5188826>

BOTULISM (NEW MEXICO), 19 July 2017, The New Mexico Department of Health is investigating a confirmed case of wound botulism in a 48-year-old man from Dona Ana County. The patient is an injection drug user and the suspected source of infection is either a soiled skin injection site, contaminated injection devices or contaminated heroin. The man is currently hospitalized. Read More: <http://www.promedmail.org/post/5189504>

HANTAVIRUS (CALIFORNIA), 19 July 2017, A man was hospitalized with hantavirus, a rare and potentially fatal rodent-borne respiratory disease he may have contracted after staying in cabins at California parks, his family said. The man, 22, began having symptoms of the disease during the 4th of July weekend, his family told Fox 40. The family wrote on a crowdfunding page that they were camping at Lee Vining when he began having consistent headaches over 5 days. One day, he woke up with a 104 F [40 C] fever. Read More: <http://www.promedmail.org/post/5189996>

VIBRIO PARAHAEMOLYTICUS (WASHINGTON), 20 July 2017, In a follow-up to a report last week [week of 10 Jul 2017] concerning a *Vibrio parahaemolyticus* outbreak linked to raw oyster consumption in Seattle, Washington, Seattle & King County officials say as many as 25 people may have become ill since early June 2017. The health department investigation is looking at multiple reports of persons ill with watery diarrhea, abdominal cramping, and vomiting - symptoms consistent with vibriosis - after eating raw oysters from one of several restaurants and markets in King County. Read More: <http://www.promedmail.org/post/5189640>

SALMONELLOSIS, SEROTYPE TYPHIMURIUM (MULTI-STATE), 20 July 2017, The CDC reported [Wed 19 Jun 2017], 24 people in 16 states were infected with a strain of salmonella from March through June 2017 in an outbreak linked to microbiology laboratories. 6 people were hospitalized, but no deaths have been reported. The CDC released an investigation notice about the outbreak of the *Salmonella* [enterica serotype] Typhimurium strain, which was also linked to infections in microbiology labs in 2011 and 2014. The infections occurred in clinical, commercial, college, and university microbiology laboratories in California, Colorado, Florida, Georgia, Iowa, Maine, Michigan, Missouri, North Carolina, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, Texas, and Washington. Those affected ranged in age from less than a year to 57 years old. Read More: <http://www.promedmail.org/post/5191390>

GASTROENTERITIS (VIRGINIA), 20 July 2017, Chipotle has shut down a restaurant in Sterling, VA, after multiple reports of customers getting sick after eating there. Customers reported symptoms such as vomiting, diarrhea, severe stomach pain, dehydration and nausea to the website <https://iwaspoisoned.com/>, which 1st alerted Business Insider to the issues at the Sterling restaurant. One person reported 2 hospitalizations as a result of the illnesses. In total, 8 reports were made to the website, indicating that at least 13 customers fell sick after eating there from 14-15 Jul 2017. Chipotle told Business Insider that it is aware of the illnesses and has notified local health officials. "We are working with health authorities to understand what the cause may be and to resolve the situation as quickly as possible," Jim Marsden, Chipotle's executive director of food safety, said. Read More: <http://www.promedmail.org/post/5191492>

LEGIONELLOSIS (TENNESSEE), 20 July 2017, The Shelby County Health Department has confirmed there is a 9th case of Legionnaires' disease from The Guest House at Graceland hotel. A total of 3 people were originally diagnosed with Legionnaires' disease. The Shelby County Health Department later confirmed a 4th case linked to The Guest House at Graceland on [Fri 1 Jul 2017], a 5th case [Thu 6 Jul 2017] and the 6th was announced on [Fri 14 Jul 2017]. Read More: <http://www.promedmail.org/post/5192558>

INTERNATIONAL DISEASE REPORTS

CYCLOSPORIASIS (CANADA), 16 July 2017, In a follow-up on the locally-acquired *Cyclospora* outbreak in British Columbia and Ontario, Canada, The Public Health Agency of Canada reports 37 additional cases of the protozoan parasitic infection in the past 2 weeks. A total of 57 cases have been reported in 2 provinces: British Columbia (5) and Ontario (52). Individuals became sick between May and June of this year. The majority of cases (58%) are male, with an average age of 50 years. Read More: <http://www.promedmail.org/post/5177711>

BOTULISM (CANADA), 16 July 2017, Following up on the botulism outbreak in Inukjuak, Quebec, it may be surprising to die from botulism in Canada in 2017. The woman was found dead on Saturday overnight, 8 Jul 2017 before being able to seek medical attention. At that time, other members of the family/community were found with botulism symptoms. Read More: <http://www.promedmail.org/post/5178297>

TYPHOID FEVER (PAKISTAN), 16 July 2017, More than 250 children have been affected by multi-drug resistant typhoid (MDR) typhoid in Hyderabad, said Dr Farah Qamar, the Assistant Professor of Pediatric at the Aga Khan University Hospital. Qamar, who conducted a survey in different areas of Hyderabad and Karachi, warns that it is "typhoid at its worst," adding that the 2 cities are seeing the biggest outbreak of MDR typhoid. Read More: <http://www.promedmail.org/post/5178355>

JAPANESE ENCEPHALITIS (TAIWAN), 17 July 2017, A 2nd Japanese encephalitis (JE) case has been confirmed in Chiayi County, bringing to 14 the total number of such cases in Taiwan this year, health officials of the southern Taiwan county said. The patient was a 57-year-old man and resident of Shuishang Township [Chiayi County], who developed a fever and a stiff neck and temporarily lost consciousness on 7 Jul 2017 and sought emergency treatment at a hospital. He was confirmed to have been infected with Japanese encephalitis virus on 14 Jul 2017. He is now being treated in an intensive care unit. The man, who did not live near pig, pigeon, or fowl farms, which are often breeding grounds for mosquitoes, is the 14th Japanese encephalitis case in Taiwan. Read More: <http://www.promedmail.org/post/5180560>

CRIMEAN-CONGO HEMORRHAGIC FEVER (SPAIN), 17 July 2017, Two cases of Crimean Congo hemorrhagic fever (CCHF) have been reported in Spain. Both infections were acquired within the country - the index case from a tick bite, the other while caring for the index patient - suggesting CCHF may be spreading geographically. "Given the expanding distribution of the main vector, the appearance of these 2 cases in a previously unaffected region of Europe reinforces the notion that CCHF is a reemerging infectious disease," write Jose Arribas, MD, from the Hospital Universitario La Paz in Madrid, Spain, and colleagues with the Crimean Congo Hemorrhagic Fever at Madrid Working Group. Read More: <http://www.promedmail.org/post/5182918>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

